

Kansas Department of Agriculture

Records Center - Food Safety

109 SW 9th Street

Topeka, KS 66612

APPLICATION FOR FOOD SAFETY LICENSE

(Retail Food Store, Food Service within a Retail Food Store, Food Processing, Ice Cream Truck and Vending Machines)

Pursuant to the Kansas Food, Drug and Cosmetic Act, K.S.A. 65-601 et seq.; and the Food Service and Lodging Act, K.S.A. 36-501 et seq., a food service establishment in a retail food store, a retail food store, and a food processing plant shall be licensed by the Kansas Department of Agriculture. If there are multiple individual businesses with different owners within your facility each requires an individual license. Failure to register could result in regulatory action. This license is valid from January 1 through December 31st.

A separate application should be completed for each licensed location.

LICENSE FEE and APPLICATION FEE ARE REQUIRED.

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Establishment Name: _____

Establishment Address: _____

County: _____

YOU MUST COMPLETE THE APPROPRIATE SECTION ON THE BACK OF THIS FORM.

If your primary business operation is a Retail Food Store complete Section A;

Food Service Establishment within a Retail Food Store complete Section B;

Food Processor complete Section C; Ice Cream Truck complete Section D; or

Vending Machine Company or Vending Machine Dealer complete Section E.

Phone: (____) _____ Fax: (____) _____ Federal Tax ID #: _____

Owner Name: _____

Owner Address: _____

Mailing Address: _____
(if different from location
address) _____

I agree as a condition to the granting of a license to comply with and abide by all the terms of the Kansas Food, Drug and Cosmetic Act, the Food Service and Lodging Act and the rules and regulations prescribed thereunder. I declare the above statements are true, complete and accurate to the best of my knowledge.

Signature Date

Typed/printed name of signer Title

For Official Use Only

Inspector ID # _____

Inspection Date _____

If you have questions concerning the type of license you need, please call the Kansas Department of Agriculture at 785-296-5193.

Please check the box for the type of license you need. Please note that all NEW applications require an application fee and a license fee. Send application and fees to:

**Kansas Department of Agriculture
Records Center – Food Safety
109 SW 9th St Topeka KS 66612**

**For Office Use Only:				
<input type="checkbox"/> RSN	<input type="checkbox"/> FSN	<input type="checkbox"/> FPN	<input type="checkbox"/> ICT	
<input type="checkbox"/> RSL	<input type="checkbox"/> FSG	<input type="checkbox"/> FPL	<input type="checkbox"/> VMC	
	<input type="checkbox"/> FN		<input type="checkbox"/> VMD	
	<input type="checkbox"/> FG		<input type="checkbox"/> VDM	
Check				
Transaction #		TOTAL		

Establishment Name _____
Federal Tax ID # _____
City: _____ County: _____

**License
Fee**

**Application
Fee**

Section A- Retail Food Store

<input type="checkbox"/> Under 5,000 square feet	\$ 50.00 (RSN)**	\$ 50.00 (RSL)**
<input type="checkbox"/> 5,000 - 15,000 square feet	\$ 100.00	\$ 100.00
<input type="checkbox"/> Over 15,000 square feet	\$ 150.00	\$ 150.00

Please check the box(es) that describes the primary type(s) of business that you operate within the facility

<input type="checkbox"/> Retail Grocery Store	<input type="checkbox"/> Bakery Outlet
<input type="checkbox"/> Convenience Grocery Store	<input type="checkbox"/> Health Food Store
<input type="checkbox"/> Retail Meat Store	<input type="checkbox"/> Bakery
<input type="checkbox"/> Specialty Shop	<input type="checkbox"/> Other _____ (Please specify)
<input type="checkbox"/> Variety Store	

Section B- Food Service Establishment in a Retail Food Store

<input type="checkbox"/> Food Service Establishment in a Retail Food Store	\$ 200.00 (FSN)**	\$ 200.00 (FSG)**
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Section C- Food Processing Plant

<input type="checkbox"/> Under 1,000 square feet	\$ 50.00 (FPN)**	\$ 50.00 (FPL)**
<input type="checkbox"/> 1,000 or over square feet	\$ 150.00	\$ 150.00

Please check the box(es) that describes the primary type(s) of business that you operate within the facility

<input type="checkbox"/> Food Warehouse	<input type="checkbox"/> Pet Food Manufacturer
<input type="checkbox"/> Food Manufacturer	<input type="checkbox"/> Meat Processor
<input type="checkbox"/> Mill/Elevator	<input type="checkbox"/> Food Salvor
<input type="checkbox"/> Soft Drink/Soda Bottling Plant	<input type="checkbox"/> Ice Plant
<input type="checkbox"/> Winery	<input type="checkbox"/> Cider Mill
<input type="checkbox"/> Brewery	<input type="checkbox"/> Sprouter
<input type="checkbox"/> Food Repacker	<input type="checkbox"/> Fruit and Vegetable Market
<input type="checkbox"/> Bottled Water	<input type="checkbox"/> Other _____ (Please Specify)

Section D- Ice Cream Truck (ICT)**

☐ Ice Cream Truck @ \$5.00 each = \$ _____

Section E- Vending Machines

<input type="checkbox"/> Vending Machine Company	\$ 0.00	\$ 30.00	VMC**
<input type="checkbox"/> Vending Machine Dealer	\$ 0.00	\$ 25.00	VMD**
<input type="checkbox"/> Vending Machines @ \$3.00 each = \$ _____			VDM**